FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCL	IMEN	JT #

DOCUMENT # P93000021498 (9) SEARCHWORKS, INC. Principal Place of Business 3111 BNIVERSITY DR SUITE 725 CORAL SPRINGS FL 33065	81/1 82/18 (1881 178/1 8/2)2 1888 1884 1886
3111 UNIVERSITY DR 2605 N.W. 98TH LANE	
	9)
SUITE 725 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 US	
US 3. Date Incorporated or Qualified 3 03/15/1993	 Date of Last Report 04/28/1995
2. Principal Place of Business 21 9 4 3 NW 110 Way 4. FEt Number 65-0400829	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Ci	\$5.00 May Be Added to Fees
	ngible tax under s 199.032,] No
9. Name and Address of Current Registered Agent 10. Name and Address of New Regi	stered Agent
Name Name	
WEINBERG, STEVEN A 8000 PETERS RD. 82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324	
PERMITATION PC 33324	
84 City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	e of changing its registered office ment as registered agent. I am
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstatings	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	
TITLE DELETE 1.1 TITLE	Change Addition
NAME SCHINDEL, KIM 12 NAME STREET ADDRESS 2605 N.W. 98TH LANE 13 STREET ADDRESS	
CODAL CODINGO EL COCCE	
CITY-SI-ZIP	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP 24 CITY-ST-ZIP	
THLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3. STREET ADDRESS	
CHY-ST-ZIP 34 CITY-ST-ZIP	
INLE DELETE 4.1TITLE	Change Addition
NAME 4.2 NAME SIREE! ADDRESS 4.3 STREEL ADDRESS	
CITY-ST-7 P	Change Addition
NAME 52 NAME	C average C vitation
STREEL ADDRESS 5.3 STREEL ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.17ITLE	Change Add-tion
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)	····

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Proce

SIGNATURE: